	□Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 5																
							Critical Violations						Date 1/		1/30/2	/30/2019	
DANIANOIS					Non-Critical Violations						5	Time I	_	:20 P			
						Certified Food Protection Manager					I	Υ	Time C		1:15 P	M	
License Expiry Date/EST. ID# Address						Cit		<b></b>			Zip Code		Teleph		00		
7/2/2019 / 19547   150 MILL ST						LEWISTON 04240-7774 20 Purpose of Inspection License Posted					<del></del>	82-20					
License Type  Owner Name						Pul	rpos	e or	inspectio	n			KIS	k Categ	gory		
MUN - EATING AND CATERING PATRY, JULES							• • • •				Yes						
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																	
	Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable  Mark"X" in appropriate box for COS and/or R  COS=corrected on-site during inspection R=repeat violation																
Compliance Status  Cos R Compliance Status  Supervision  Potentially Hazardous Food Time/Tempera										atura		C	os R				
4		IN	PIC present, demonstra	•	Т	П	16 IN Proper cooking time & temperatures							丅			
1	_	IIN	performs duties		丄	Ц	17		IN	Proper reheati				ng			
		INI		loyee Health		$\dashv$	18		OUT	Proper cooling	time & tempe	erature	tures			х	
3		IN IN	Management awarenes Proper use of reporting	ss; policy present g, restriction & exclusion	+	Н	19		IN	Proper hot hold	ding tempera	tures					
Ŭ		II V		ienic Practices			20		OUT	Proper cold ho						х	
4		IN		drinking, or tobacco use		П	21		IN	Proper date ma						+	
5		IN	No discharge from eyes	· · · ·		Щ	22		IN	Time as a publi		<u> </u>	ocedure	es & rec	ord		
		OUT		mination by Hands	_	$\blacksquare$	H			1	mer Advisory					_	
6		OUT	Hands clean & properly		+	Н	23		IN	Consumer advi	<b>,</b> ,	a tor ra	aw or				
7		IN	alternate method prope	vith RTE foods or approved						Highly Susce		tions					
8		IN		g facilities supplied & accessible	$\top$	H	24		IN	Pasteurized for			d foods	not			
				ed Source			24		IIN	offered	.,						
9		IN	Food obtained from app			П					Chemical						
10		IN	Food received at prope			H	25		IN	Food additives	: approved &	prope	rly used				
11		IN	Food in good condition,	•	+	H	26		IN	Toxic substance	es properly i	dentifi	ed, stor	ed & us	ed		
			Required records availa			Ħ				Conformance with	Approved Pr	ocedu	res				
12		IN	parasite destruction				27		IN	Compliance wi	th variance, s	pecial	ized pro	cess,			
			Protection fr	om Contamination						& HACCP plan							
13 IN Food separated & protected Risk Factors are improper practices or procedures identified as the								as the mo	ost	7							
14		IN	Food-contact surfaces:	cleaned and sanitized							-						
15 IN Proper disposition of returned, previously served, Interventions are control measures to prevent foodborne illness or injury.																	
			reconditioned, & unsafe			Ш											
			0 10 1 10 11	GOOD F													
				preventative measures to control the	additio	n of p	oatho	ogens									
Ma	rk ")	(" in box if n	umbered item is not in com	ppliance Mark "X" in appropriate	box f	or CC	S an	nd/or	R C	OS=corrected on-site	during inspec	tion	R=repe	eat viola	tion		
					cos	R									C	OS R	
			Safe Food and	Water			Proper Use of Utensils										
28	IN	Pasteurize	d eggs used where requ	ired			41	41 N In-use utensils: properly stored									
29	IN		e from approved source				42	IN	Utensils	, equipment, & line	ns: properly s	tored,	dried, 8	& handl	ed		
30	IN	Variance obtained for specialized processing methods  43 IN Single-use & single-service articles: pr					articles: pro	perly s	tored &	used							
Food Temperature Control							44	IN	Gloves u	sed properly							
31	ın l	•	oling methods used; ade	quate equipment for						Utensils, Equip	ment and Ven	ding					
ш	_	temperatu			$\bot$	Ц	45	$ _{X} $		non-food contact su		•				x	
32	-		properly cooked for hot	holding	$\bot$	Ш	$\vdash$	Н		designed, constru						+	
33	IN		thawing methods used		$\perp$	Ш	$\vdash$	-		shing facilities: inst		ined, 8	& used;	test stri	ips	_	
34	IN	Thermome	ters provided and accur			Щ	47	Х	Non-food	d contact surfaces						X	
			Food Identification					l I	l <u>.</u>		al Facilities						
35 N Food properly labeled; original container  48 N Hot & cold water available; adequate pressure										+							
00	.s. I		Prevention of Food Cont		_		49	-		g installed; proper					_	+	
	86 IN Insects, rodents, & animals not present			+	$\vdash$	50   IN   Sewage & waste water properly disposed   51   IN   Toilet facilities: properly constructed, supplied, & cleaned						+					
37 N Contamination prevented during food preparation, storage & display						$\vdash$	51 52	-							-+	+	
-	38 X Personal cleanliness							-		& refuse properly				пеа		+	
39 40	IN		ths: properly used & stor	reu	+	$\vdash$	53 54	-	_	facilities installed,				J	-+	+.	
40	IIN	vvasning fi	ruits & vegetables	1		Ц			Auequat	e ventilation & ligh	ung, designa	ted are	as usec	ı		Х	
Per	Person in Charge (Signature)  Date: 1/30/2019																
		nspector (S		20			_										
		LACHANCE	•	( ) and a b					Follo	w-up: YES	<b>√</b> NO Da	ate of F	-ollow-u	p:			
ــــــــــــــــــــــــــــــــــــــ																	

146*	
### Tempe	LEWISTON / ME   04240-7774   207-782-2088
### 146* Upstair  #### Hot hol  ###################################	Notes rs walk in cooler  Iding rinse
38* Upstair  146* Hot hol  */180* + Wash/r  37* Saute r	rs walk in cooler
146* Hot hol  */180* + Wash/i  37* Saute i	lding
*/180* + Wash/i 37* Saute	rinse
37* Saute	
	reach in
39* Salad s	
	station
164* Hot ho	lding
44* Salad o	cooler #1, discarded
37* Saute	reach in
41* Waitsta	aff cooler
43* Downs	tairs walk in cooler
41* Saute	reach in #2
	37* Saute 41* Waitsta 43* Downs

Health Inspector (Signature) LOUIS LACHANCE

## **State of Maine Health Inspection Report**

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Date

1/30/2019

**Establishment Name** 

**DAVINCIS** 

License Expiry Date/EST. ID# 7/2/2019 / 19547

Address 150 MILL ST

City / State LEWISTON

ME

Zip Code 04240-7774

## **Observations and Corrective Actions**

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

6: 2-301.14: C: Food employees are not cleaning their hands and exposed portions of their arms as required.

INSPECTOR NOTES: Kitchen and waitstaff not washing hands when needed. Wash hands properly in between tasks that require handwashing.

18: 3-501.14.(A): C: Cooked Potentially hazardous food not cooled to the proper temperature within the proper time periods per code.

INSPECTOR NOTES: Chili (PHF) not cooled to 41\* or below within 6 hours( 43\* 20+ hours after cooking). PHF's must be cooled from 135\* to 70\* degrees within 2 hours, then cooled to 41\* or below within the following 4 hours. \*\*COS\*\*\*Discarded

20: 3-501.16.(A).(2): C: PHF not maintained at 41 F or less.

INSPECTOR NOTES: \*\*REPEAT\*\* Cooked turkey elevated in temperature. Cooling unit(s) may need service to maintain 41\* or less.\*\*Discarded

38: 2-402.11: N: Food Employees not wearing effective hair restraints.

INSPECTOR NOTES: Multiple food service workers not wearing proper hair restraints.

45: 4-204.16: N: Beverage tubing and/or cold plate improperly installed in contact with stored ice.

INSPECTOR NOTES: \*\*REPEAT\*\* Soda cold plate in direct contact with ice (RTE food) Install dedicated ice storage area or remove and replace cooling plate and beverage tubing. Owner has ordered, has not shipped yet.

45: 4-501.11: N: Equipment in disrepair.

INSPECTOR NOTES: \*\*REPEAT\*\* 2 deli unit coolers need repair, missing hardware and broken weld. Multiple cutting boards fixed to pizza area cooling units are broken. Replace.

47: 4-602.13: N: Non-food contact surfaces are not cleaned at a frequency necessary to preclude accumulation of soil residues.

INSPECTOR NOTES: \*\*REPEAT\*\* Baker's area needs cleaning. Chemical tubing at pot and pan station dirty. Clean and sanitize more frequently.

54: 6-202.11: N: Lights not shielded.

INSPECTOR NOTES: Baker's area in basement has lighting that does not have protective cover or finish. Install protective measures for bulbs.

Person in Charge (Signature)

Health Inspector (Signature)
LOUIS LACHANCE

Har Raham

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Date: 1/30/2019

	Page 4 of 5					
Establishment Name					Date	1/30/2019
DAVINCIS						
License Expiry Date/EST. ID# 7/2/2019 / 19547	Address 150 MILL ST	City / State LEWISTON	ME	Zip Code 04240-7774		

## **Inspection Notes**

Certified Food Protection Manager: David Sheppard exp. 5/21/19

Unless directed otherwise, all Eating Establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate. A CFPM must be hired at the time of a new eating establishment opening or within 60 days of when a CFPM leaves employment. For a list of CFPM courses and trainers go to

http://www.maine.gov/healthinspection/training.htm

Please provide a copy of this certification(s) to Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, carol.gott@maine.gov or faxing to 207-287-3165.

Please include the name of your establishment and the establishment ID# with your certification(s).

#### Employee Health Policy:

The Health Inspection Program has implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: http://www.maine.gov/healthinspection

#### 2013 Maine Food Code Adoption:

The Maine Food Code was adopted in October of 2013. Please refer to our website for a copy, http://www.maine.gov/healthinspection. Following are a few of the major changes: \* No Bare Hand Contact with Ready-To-Eat Food. \* Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events. \* Date marking of Ready-to-eat potentially hazardous foods.

#### Violation Correction Timeframe:

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact Louis Lachance when the critical violation has been addressed at 207-513-3125 extension 3224 or at llachance@lewistonmaine.gov. Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties. License renewals can be denied if violations are not corrected within the noted timeframes.

#### C= Critical violation and NC= Non-critical violation:

"Critical violation" means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

#### Additional Inspection Fee:

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

### Document Retention/Posting:

Pursuant to the Maine Food Code, the establishment's current license must be displayed. In addition, a sign or placard must be posted in a conspicuous area notifying consumers that a copy of the most recent inspection report is available upon request. CFPM certificates must be posted in a conspicuous area and must be available to the Department upon request.

Person in Charge (Signature)

Health Inspector (Signature)

LOUIS LACHANCE

Date: 1/30/2019

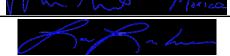
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State of Maine Health Inspection Report								
Establishment Name					D <u>ate</u>	1/30/2019		
DAVINCIS								
License Expiry Date/EST. ID# 7/2/2019 / 19547	Address 150 MILL ST	City / State LEWISTON	ME	Zip Code 04240-7774				

# **Inspection Notes**

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



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Date: 1/30/2019